pelvic room given by this position, and many difficult labors are made less severe by its employment. At the moment there is in these cases, also, less danger of serious injury to the pelvic floor and posterior wall of the vagina.

In discussion Pestalozza drew attention to the increase in the transverse diameter of the pelvic brim when the patient is in this position. It is interesting to determine whether the sacro-iliac joints move during extraction of the child with the patient in this position. He thinks it doubtful if the pubes can move far or separate laterally while the sacro-iliac joints are intact.

Mangiagalli had observed, in twenty-eight cases of deformed pelvis, spontaneous delivery in eighteen by the use of this posture.

La Torre urged the claim of the Italian obstetrician Mercurio for priority, as he had described this posture in 1595.

Calderini drew attention to the fact that while Walcher's position enlarges the entrance of the pelvis at the brim, the ordinary lithotomy position is better for the later stages of delivery.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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Pneumococcus Conjunctivitis.—Junius (Konigsberg) reports a bacteriological study of an epidemic of acute catarrhal conjunctivitis. A similar epidemic the year before had at first been supposed to be one of trachoma, but, the cases having all recovered in two or three weeks under treatment, it was evidently not of that character. In the later epidemic, therefore, cultures were made upon blood-serum and glycerin from sixty cases. These showed that forty-nine cases—thirty-six in children under sixteen years and thirteen in older persons—were cases of pneumococcus infection. In thirty-one cases the pneumococcus of Fränkel and Weichselbaum was obtained in pure culture. In eighteen cases the pneumococcus was mixed with staphylococci and so-called xerosis bacilli.

The disease commonly began in one eye, the other becoming infected from one to eight days later. In only three cases was it confined to one eye. It began with lachrymation, and by the second day there was marked conjunctival hyperæmia. Quite a characteristic symptom was the appearance, on the second or third day of the disease, or sometimes later, of small hemorrhages in the bulbar conjunctiva. Phlyctenules were not noticed in any case during the acute disease, and in only one case was there any corneal complication.

The treatment employed consisted in the use of a solution of mercury oxycyanide, 1 : 5000, as a collyrium; dusting calomel into the eye; and, later, touching the lids with a 1 per cent. solution of silver nitrate. Under this treatment recovery took place in about two weeks.—*Zeitschrift für Augenheilk.*, January, 1899.

H. Gifford, of Omaha, has no reason to change the opinion, expressed two years ago, that in that vicinity this germ is by far the most frequent cause of acute catarrhal conjunctivitis; and since using serum-agar almost exclusively for primary cultures from the eye he has come to realize that it is of vastly more importance in all sorts of infections than he formerly believed. Serum cultures must be made if this germ is to be detected with anything like the frequency with which it really occurs. On agar it sometimes does not grow at all, or with such slight vitality that its presence is effectually concealed by the numerous colonies of other germs.

He calls attention to the effects of chloride of zinc upon cases of pneumococcus conjunctivitis. The simple instillation of a one-fifth of a 1 per cent. solution of this salt generally causes the pneumococci to disappear from the sac with astonishing rapidity; and if the upper lid be everted so as to bring the remedy into the upper retrotarsal fold as well as the lower a few applications almost always cure the worst cases.—*Archives of Ophthalmology*, November, 1898.

Bacteria in the Normal Conjunctiva.—Arnold Lawson (London) reports on cultures made from the healthy conjunctiva in 200 cases. The sterilized platinum loop was rubbed over the conjunctiva and then used to inoculate Loeffler's blood-serum. No growth occurred in forty-one of the tubes. Of the 159 that showed a growth, 118 showed the presence of the "xerosis bacillus," and ninety of them were pure cultures. The others contained pyogenic cocci, staphylococci pyogenes albus, and other bacteria that caused no disturbance in the conjunctiva of the rabbit or guinea-pig. Lawson concludes that the so-called xerosis bacillus has no connection with the disease for which it has been named, but that it is an inhabitant of the normal conjunctiva, having been overlooked heretofore on account of the difficulty of growing it on anything except blood-serum.—*British Medical Journal*, August 20, 1898.

[Other observers have also noted the frequency with which this bacillus is encountered in the conjunctival sac. Its presence there is of the greatest practical importance, because of its very close resemblance to the Klebs-Loeffler diphtheria bacillus and pseudo-diphtheria bacillus of Hoffmann. Morphologically they are indistinguishable, and their cultures are not fully characteristic. Inoculation of the guinea-pig seems to be the only conclusive test, the "xerosis bacillus" being non-pathogenic. It is more than likely that some of the cases reported as diphtheria of the conjunctiva, without the characteristic symptoms, are merely instances in which the "xerosis bacillus" was found in searching for the evidence of diphtheria.—Ed.]

Operative Treatment of High Myopia.—Rogman (Gand) reports twenty-one extractions of the transparent crystalline lens for high myopia in twenty patients. In the one case in which both eyes were operated upon fourteen months elapsed between the operations. One patient was sixty-five years old, and his lens was removed by simple extraction. The ages of the others ranged from fourteen to thirty-eight years, and in them the removal of the lens was effected by a preliminary discission (a second preliminary discission was done in two cases), followed in from four to fourteen days by extraction of the lens substance by the suction curette of Teale. The suction operation permits the complete extraction of the lens through a relatively small corneal incision, and diminishes the necessity for secondary discissions. Rogman carefully avoids rupture of the posterior capsule and hyaloid membrane, if possible. Discission of the capsule for secondary cataract was done in but six cases. Detachment of the retina occurred in one case nine months after removal of the lens. Cyclitis appeared in one case, but did no serious damage.

Visual acuteness with correcting lenses was improved in every case except one, and in several cases was doubled or more than doubled. The lowest degree of myopia for which the operation was done required —14.○—2.5 Cy. to correct it, and the highest 30 D. The change in refraction caused by the operation varied from 16 to 26 D. In eleven cases it was either 19 or 20 D. Ten cases were seen as much as nine months after the operation, the time at which the one detachment of the retina occurred. Changes in refraction after the operation are not mentioned.

O. SCHEFFELS (Krefeld) reports ten cases, watched for periods varying from two to four and one-half years, to determine the ultimate results of operation. In six cases, besides the increase of visual acuity, manifested shortly after the operation, there was a progressive improvement, which continued for some years. In six of the cases in which, after the completion of the operation, the pupil was perfectly clear there developed, after intervals of three months to four years, a secondary cataract. In eight of the ten cases the hyperopia, obtained soon after the removal of the lens, subsequently decreased. In three cases in which only one eye was operated on the myopia had continued to increase in the other eye. In spite of such continued distention of the eyeball, Scheffels believes the operation is indicated if it in no way injures the eye, since it increases the patient's ability to work.—*Klin. Monatsbl. f. Augenheilk.*, November, 1898.

SCHRADER, in a critical review of the whole subject, finds that the proportion of cases of detachment of the retina is not very different after removal of the lens from the proportion occurring among myopes of the same grade who have not had the lens removed; but he points out that the patients operated on are younger, and therefore retinal detachment should be more rare. Thus, from 60 to 85 per cent. are under twenty-five years of age, and among such myopes, according to Fröhlich, detachment of the retina occurred in but 1.25 per cent. of cases, while after removal of the lens it occurred in 3.3 per cent.—*Zeitsch. f. Augenheilk.*, January, 1899.

[The earlier enthusiastic reports upon removal of the lens for high myopia have been so manifestly deficient in detail and exactness as to be practically worthless in any effort to determine the real value or dangers of the operation. The reports above quoted are of a different character, and help to indicate the real value of the operation. It will be noticed that they are not based on such large numbers of cases as the earlier reporters claimed to have believed. In this connection it should be noted that English and

American operators have reported not more than two or three cases apiece. Nayes, Wilmer, and Sattler each reported one case (*Trans. Amer. Ophthalmol. Soc.*, 1898), and in discussing them Bull said that among 347 cases of myopia of over 12 D. he had seen but three for which the operation was advisable. Fuchs, too (*Wiener klin. Woch.*, February 9, 1899), reports five cases, and among over 18,000 patients seen last year met but ten in which removal of the lens for high myopia was indicated.—ED.]

Entropion of the Lower Lid.—S. THEOBALD (Baltimore) recommends the use of caustic potash in the treatment of senile entropion from relaxation of the tissues of the lower lid and for some cases of entropion due to trachoma. Before cauterizing the lid is soaked for ten or fifteen minutes in a strong solution of cocaine. This lessens but does not entirely annul the pain. The crayon of caustic is sharpened by rubbing on wet blotting-paper. The aim is to produce an eschar, 3 or 4 mm. wide, extending the whole length of the tarsus parallel to the margin, but nowhere nearer to it than 2 mm.

The lid being everted and put upon the stretch, the crayon is drawn back and forth along the line about 4 mm. from the lid border until the epidermis is destroyed and the tissues beneath begin to assume a brownish color. When the action of the caustic has extended sufficiently it is checked by the application of an acid solution, as diluted vinegar. Within a few minutes the eschar begins to contract, and when the lid is released it is usually found that the tendency to entropion has been already overcome. No dressing is necessary. The soreness and tumefaction soon disappear, and after a few weeks all traces of the eschar have faded away, and it is usually not possible to detect that any operation has been performed.—*Trans. Amer. Ophthalmol. Soc.*, 1898.

PATHOLOGY AND BACTERIOLOGY.

UNDER THE CHARGE OF

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The Changes Produced in Epithelium by Moderate Degrees of Heat and Cold.—FUERST (*Beiträge zur path. Anatomie*, 1898, xxiv. 3) reports the results of his further study of the changes produced in the epidermis by moderate degrees of heat and cold. He experimented chiefly on the ears of guinea-pigs and rabbits, using an ether spray to freeze them slightly, or water at a temperature of about 50° C. to test the effect of heat.

He sums up his results as follows:

1. The effect of slight heat and cold lasting for a short time and frequently